Protocol No. 01
SELECTION OF INITIAL HOSPITAL/PATIENT TRIAGE
Revised 2008

EMS personnel upon arrival at the scene should make rapid assessment of the patient to determine if he/she falls into one of the following categories. Once determined, patient priority will be communicated to the online Medical Control.

Priority 1: Patient's condition is critical and unstable and will require rapid transport. These patients include:

1. Emergency airway, breathing, or circulatory problem requiring immediate intervention.
2. Deteriorating mental status, and/or Glasgow score <8.
3. Cardiac arrest.
4. RTS <10 or major trauma as judged by EMS personnel.

Priority 2: Patient's condition is of less critical nature, can be stabilized by ALS Personnel.

Priority 3: Stable patient requiring no or only BLS interventions.

Priority 4: Informational calls (death protocol cases, radio checks, etc.).

Protocol for Priority 1 Patients:

1. Request Paramedics if not already dispatched. In cases where the transporting unit is on the scene and the Paramedic Unit has not arrived, transport should not be delayed. Immediate transport may be considered with the approval of the responding Paramedic Unit or Medical Control.

   The Paramedic Unit will decide by communicating with the EMTs if an enroute rendezvous is advisable.

2. Contact and transport to the closest emergency department (except as specified in Section A). The process of calling the hospital shall in no way add time to the total treatment/transport time, or supersede any initial treatment of the patient. This may mean calling the hospital after the transport has begun in some cases.

Protocol for Priority 2 & 3 Patients:

1. Contact and transport to (in descending order):

   a. The hospital where the patient desires to go.

   b. The hospital where the patient's physician practices.

   c. The facility where the patient was treated for the same type of illness or injury.

   d. If no hospital or physician preference then call the nearest hospital.

Section A:

The Following Specific Situations Will Require Special Triaging:

1. **Burns**: are triaged to the appropriate facility as outlined in Protocol 40.

2. **Sexual Assault Victims**:
    a. Adult victims needing medical care may be transported to any emergency department based upon priority level and patient preference.

    b. Adult victims not requiring medical care may be transported by police to the appropriate sexual assault forensic examiner.

    c. Victims 14 years of age or younger will be taken to Primary Children's Medical Center.

3. **Field Trauma Victims**:
    a. For priority one trauma patients, establish radio contact with the closest Trauma Center (for helicopter transport refer to protocol No. 60). When the victim is fourteen years of age or younger contact Primary Children's Emergency Department.

    b. Field personnel or Online Medical Control may determine that it is in the best interest of the patient to go to the nearest Emergency Department for stabilization. Secondary transport may then be arranged to the Level One Trauma Center. Alternatively, a helicopter may be requested by the Online Medical Control or EMS to rendezvous at an ED helipad for immediate transport.

    c. When there are multiple victims with serious injuries, the Transport Officer will consider the use of multiple Emergency Departments and/or other means of transport.

    d. Obviously dead patients will be handled according to District Protocol No. 5.

4. **Severe Hypothermia**: whenever severe hypothermia is suspected based on a clinical situation or rectal temperature of 30° C or 85° F, the patient shall be transported to a Level 1 Trauma Center as per Protocol No. 40.

5. **Behavioral Problems**: triaged to any hospital according to priority (1, 2, or 3 as defined above).

6. **Suspected Carbon Monoxide Exposure:** Known or suspected carbon monoxide exposure (inhalation of products of combustion **or** measurement of significant ambient CO levels by hazmat).

    Any victims exhibiting signs/symptoms at any time should be given 100% O2 by NRB mask and transported for evaluation. Signs/symptoms include headache, weakness, lethargic, dizziness, nausea, vomiting, any confusion, memory problems, coma, chest pain.

    Contact medical control at IMC, with intent to transport there unless otherwise directed

    Medical Control Options:

    1. Contact hyperbaric MD on call for any CO exposure incident.
    2. Release non-pregnant asymptomatic patients on scene with approval of hyperbaric MD on call.

3. Patients in cardiac arrest who've not responded to 100% O2 and ACLS may be pronounced dead.
4. Multiple or pediatric victims may be diverted by recommendation of IMC hyperbaric MD on call to Lakeview Hospital's hyperbaric chamber **if** Lakeview hyperbaric MD has been contacted and agreed to accept patients.